

TODAY'S DATE _____

UF Orthopaedics & Sports Medicine Institute
Phone: (352) 273-7001 Fax: (352) 273-7293

Physician Preference (if applicable): _____

Consultation (Requesting consultation for a specialty opinion which will be used by the referring physician in care management with or without co-management of care by the specialist)

Transfer of Care (Requesting referral for specialty evaluation and subsequent management of a problem by the specialist alone)

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Patient Name: _____ Authorized Contact Person (if different from Pt.): _____

Patient's Social Security Number _____ DOB: _____ UF/Shands MR# _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone No.: _____ Alt. No.: _____

Insurance Company: _____ Ins. Co. Phone Number: _____

Policy/ID #: _____ Group #: _____ Employer: _____

If patient is a child, it is **REQUIRED** to include Guarantor/Guardian Information

Subscriber/Guarantor Name: _____ Subscriber/Guarantor DOB: _____

Subscriber/Guarantor SS#: _____ Subscriber/Guarantor Phone No.: _____

Subscriber/Guarantor Address: _____ Relation to Patient: _____

Authorization Information* (e.g. #, # visits allowed, expiration date): _____

* If Authorization is required, referring physician/clinic must complete prior to referral.

Requesting Physician Information

Name: _____ Specialty: _____

NPI: _____ Medicaid Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____

Person completing form: _____

Would you like to see the patient back in follow-up? Yes No

Primary Care Physician Information Same as above (If different, please completed below)

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____

Reason for appointment (Required): _____

Studies / Procedures requested: _____

Diagnosis/Problem/ICD-9: _____

Medications currently on: _____

All applicable clinical notes, recent lab work, radiological interpretations, copies of front and back of insurance cards, and any other pertinent information should accompany this request.